Revised WIA Training Program Application

Line Item Instructions

The following are line item instructions for completing the Training Program Application form. These instructions are intended to assist applicants with the completion of this form. They are not intended to provide information on using the Job Training Automation (JTA) system. For detailed instructions on the JTA system, please refer to the *JTA User Guide*.

01 Provider Code (FEIN)	Record the provider's nine-digit Federal Employer Identification Number (FEIN). The JTA system will automatically add two digits to the provider code to distinguish the difference between identical programs offered by the same provider at a different location.
02 CIP Code	Record the six-digit Classification of Instructional Programs (CIP) Code. The CIP Code is the U.S. Department of Education's standard code for federal surveys and state reporting of institutional data, including program offerings, enrollments, and completions. You may view the *CIP Code Handbook* at the Web site address http://nces.ed.gov/npec/papers/PDF/cip.pdf This data field is required to be completed by the provider.
Program Code	This data field is required and will be auto-generated by the system from the following data elements: CIP Code, Mode of Delivery, Program Goal, County Code, and Increment.
03 Subgrantee Code	Record the three-digit code that is used to identify the LWIB. This data field is required to be completed by the LWIB.
04 Agency Code	Record the locally defined agency code. This optional data field is completed by the LWIB.
05 Date Received by LWIB	Record the date the LWIB received the application form. This data field is required to be completed by the LWIB.
06 Local Program Code	Record the local program code that is assigned by the LWIB. This optional data field is completed by the LWIB.
Provider Name	Record the name to be displayed on the ETPL. This data field is required to be completed by the provider.
07 Program Name	Record the name of the training program or course of instruction to be considered for eligibility. This data field is required to be completed by the provider.

08 Program Description	Record the description of the program or course. This data field is required to be completed by the provider.
09 Training Site Address	Record the training site's address. A separate program application is required for each geographical location. This data field is required to be completed by the provider.
City, State	Record the city and state of the training site address. This data field is required to be completed by the provider.
10 ZIP	Record the five or nine-digit ZIP code for the training site address. This data field is required to be completed by the provider.
11 County	Record the two-digit County code for the training site. This information can be accessed via the JTA system or located at the following Web site: http://www.cagenweb.com/cpl/cpl_cnty.htm This data field is required to be completed by the provider.
12 Listed on Other State's ETPL	Check the appropriate box. **1 Yes—**The program is listed on another state's ETPL. **2 No** This data field is required to be completed by the provider.
13 ADA Compliant	Check the appropriate box. **1 Yes—**The provider meets the Americans with Disabilities Act (ADA) as defined by Federal and State requirements. **2 No** This data field is required to be completed by the provider.
14 Total Hours of Instruction	Record the total number of hours for program/course being offered. This data field is required to be completed by the provider.
15 Credits	Record the total number of credit hours (if applicable) for program/course being offered. This optional data field is completed by the provider.
16 Non-Credit	Check the appropriate box. **1 Yes—**The program is not for credit. **2 No** This data field is required to be completed by the provider.

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17 Credit Time	Check the appropriate box. **1 Semester—**The length of the program is 18 weeks of instruction or six months in an academic year. **2 Quarter—**The length of the program is 12 weeks of instruction in an academic year. This data field is required to be completed by the provider.
18 Tuition	Record the tuition price charged to the general public for all administrative, registration, and class fees, etc. This data field is required to be completed by the provider.
19 Fees	Record the required fees such as memberships, special room rentals, entrances, etc. This data field is required to be completed by the provider.
20 Expenses	Record the essential expenses such as books, materials, and special transportation, parking passes, etc. This data field is required to be completed by the provider.
Total	Record the total by adding the amount for tuition, fees, and expenses. This data field is required to be completed by the provider.
21 Mode of Delivery	Check the appropriate box. **1 Classroom—**The program is conducted in a classroom style. **2 Internet—**The program is conducted entirely online, via the World Wide Web. **3 Correspondence—**The program teaches individuals by mailing them lessons that are returned to the school for grading upon completion. **4 Broadcast—**The program is transmitted by radio or television. 5 **Computer-Based Instruction—**The program is an interactive computer-based training course. This data field is required to be completed by the provider.
22 Days	Check the appropriate box. **1 Yes—**The program is offered between 6:00 a.m. and 4:59 p.m. **2 No** This data field is required to be completed by the provider.

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23 Evenings	Check the appropriate box. **1 Yes—**The program is offered at or after 5:00 p.m. **2 No** This data field is required to be completed by the provider.
24 Weekends	Check the appropriate box. **1 Yes—**The program is offered Saturday's and/or Sunday's. **2 No** This data field is required to be completed by the provider.
25 Frequency of Offering	Check the appropriate box. **1 Weekly** **2 Monthly** **3 Quarter** **4 Semester** **5 Other** This data field is required to be completed by the provider.
26 BPPVE Approval Status	Check the appropriate box. **1 Approved** **2 Temporary Approval** **3 Registered** **4 Exempt** **9 Not Applicable** This data field is required to be completed by the provider.
27 BPPVE Approval Expiration Date	Record the date that BPPVE approval, temporary approval or registration expires *or the date that an exemption was granted by the BPPVE.* This data field is required to be completed by the provider.
28 Other BPPVE Approved Programs	Check the appropriate box. **1 Yes—**The provider has other programs approved by the Bureau for Private Postsecondary and Vocational Education. **2 No** This data field is required to be completed by the provider.

29 Registered Apprenticeship	Check the appropriate box. **1 Yes**—The program is approved under the National Apprenticeship Act. **2 No** This data field is required to be completed by the provider.
30 Registered Date	Record the registration date. This data field is required to be completed by the provider.
31 CDE Approved	Check the appropriate box. **1 Yes**—The program is approved by the California Department of Education. **2 No** This data field is required to be completed by the provider.
32 COCCC Approved	Check the appropriate box. **1 Yes**—The program is approved by the Chancellor's Office of the California Community Colleges. **2 No** This data field is required to be completed by the provider.
33 Proven Effectiveness	*This field is no longer used. All privately funded training programs must be legally authorized to operate in the State to be eligible for listing on the ETPL. Privately funded training programs must be approved, registered or exempted by the Bureau of Private Post-Secondary and Vocational Education (BPPVE).*
34 Employer Support	*This field is no longer used. All privately funded training programs must be legally authorized to operate in the State to be eligible for listing on the ETPL. Privately funded training programs must be approved, registered or exempted by the Bureau of Private Post-Secondary and Vocational Education (BPPVE).*
35 Industry Authorized	*This field is no longer used. All privately funded training programs must be legally authorized to operate in the State to be eligible for listing on the ETPL. Privately funded training programs must be approved, registered or exempted by the Bureau of Private Post-Secondary and Vocational Education (BPPVE).*
36 Continuing Education Units (CEU)	Record the number of continuing education units offered. This optional data field is completed by the provider.

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37 CEU Granting Institution	Record the name of the institution granting continuing education units. If CEU is offered, this data field is required to be completed by the provider.
38 Resources Required	Check the appropriate box. **1 Yes—**The program requires student-supplied items. **2 No** This data field is required to be completed by the provider.
39 Program Goal	Check the appropriate box. **1 Skill Attainment—**The program provides individuals with academic, occupational, or employability skills. **2 Certificate—**A certificate means any diploma, document, or other written degree that signifies, purports, or is generally taken to signify satisfactory completion of requirements of an academic, educational, technological, or professional program of study beyond the secondary school level. **3 Registration—**A program that usually leads to requiring individuals to file with a government agency before practicing the occupation. **4 License—**A program that prepares an individual to obtain an official document that authorizes them to engage in a specific activity. **5 Associate Degree—**A degree granted by community colleges to students who complete a specified program of study, usually totaling 60 units. **6 Baccalaureate Degree—**A level of education marked by the completion of the equivalent of four or more years of full-time education. There are two kinds of bachelor degrees, Bachelor of Arts and Bachelor of Science. **7 Other** This data field is required to be completed by the provider.
40 Credentialing Body	Record the name of the organization granting the credential. If the program goal is marked as 2-6 in box 39 (above), this data field is required to be completed by the provider.
41 Projected Hourly Wage After Program Completion	Record the projected hourly wage after completing the program. This optional data field is completed by the provider.

42 Prerequisites	Record the requirements needed, such as grade level, skills, etc. for entry into the offered program/course. This data field is required to be completed by the provider.
43 Skills Sets	Record the list of skill sets to be acquired upon completion of the program course. This optional data field is completed by the provider.
44 Curriculum	Record the list of individual courses and course codes needed in order to complete the program. This data field is required to be completed by the provider.
45 Relevant Occupations	Record the list of occupations, including the Standard Occupational Classification (SOC) / Occupational Information Network (O*NET) code, for which the program is applicable. The SOC code can be located in the following Web site stats.bls.gov/oco/home.htm The O*NET 3.1 database can be located in the following Web site www.onetcenter.org This data field is required to be completed by the provider.
46 Relevant Occupation Recommendation	If a SOC/O*NET code is not available, record the list of occupations, including the two-digit SOC category for the major occupation group or industry in which the program is applicable. This optional data field is completed by the provider.
47 On-Site Parking	Check the appropriate box. **1 Yes—**Parking is available on the premises. **2 No** This data field is required to be completed by the provider.
48 Public Transportation	Check the appropriate box. **1 Yes—**Public transportation is available. **2 No** This data field is required to be completed by the provider.

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49 Disabled Student Access	Check the appropriate box. **1 Yes—**The provider provides support services to help students with physical, visual, hearing, or learning disabilities. Services may include registration assistance, handicapped parking, campus orientation, etc. **2 No** This data field is required to be completed by the provider.
50 Sign Language	Check the appropriate box. **1 Yes—**The program offers sign language interpretive services. **2 No** This data field is required to be completed by the provider.
51 Other Languages	Check the appropriate box. **1 Yes—**The program is offered in a language besides English. **2 No** This data field is required to be completed by the provider.
52 Other	Check the appropriate box. **1 Yes** **2 No** This data field is required to be completed by the provider.
53 Target Audience	Record who the program is directed toward (e.g. middle managers, experienced computer programmers, etc.). This optional data field is completed by the provider.
54 Average Class Size	Record the average number of students expected in the classes/courses comprising the program. This data field is required to be completed by the provider.
55 Equipment To Be Used	Record the list of equipment to be used by program participants. This optional data field is completed by the provider.
56 Period Begin Date	Record the begin date for performance data reporting. This optional data field is completed by the provider.
57 Period End Date	Record the end date for performance data reporting. This optional data field is completed by the provider.

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58 Participant Universe	Record the total number of all participants/students exiting program/course between the period begin and end date. This optional data field is completed by the provider.
59 Average Hourly Wage at Placement	Record the average wage at placement in employment of all individuals participating in the applicable program. This optional data field is completed by the provider.
60 Program Completion Rate	Record the number of successful completers divided by "Participant Universe" (see line 58 above). This optional data field is completed by the provider.
61 Entered Employment Rate	Record the number of students who obtain unsubsidized employment divided by "Participant Universe" (see line 58 above). This optional data field is completed by the provider.
62 Skill/Credential Attainment Rate	Record the rate at which completers attained expected skill sets and/or credentials. This optional data field is completed by the provider.
63 Retention Rate	Record the rate at which participants retained employment over a set post-program period. This optional data field is completed by the provider.
Assurance text	I certify that the information submitted on this application is true and correct. I also agree to supply the required performance information and seed data on all students in order to calculate performance measures for subsequent eligibility determination. In addition, all performance outcome data shall be made available upon request for audit purposes.
64 Printed Name of Provider Representative	Record the name of the provider representative that may be contacted regarding this form. This data field is required to be completed by the provider.
65 Title	Record the provider representative's title. This data field is required to be completed by the provider.
66 Date	Record the date the provider representative signed the program application form. This data field is required to be completed by the provider.
Signature	Signature of provider representative. This data field is required to be completed by the provider.

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